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CONFIRMATION NO. 8214

<b>SERIAL NUMBER</b> 10/821,125	<b>FILING OR 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> GUID.119PA
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/462,272 04/11/2003 *Dom*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None Dom*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 67	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Dom</i> Examiner's Signature Initials				

## ADDRESS

51294

## TITLE

Implantable sudden cardiac death prevention device with reduced programmable feature set

<b>FILING FEE RECEIVED</b> 2004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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